



# Behavioral Developments

THE OFFICIAL NEWSLETTER OF THE SDBP



Dear Members,

Summer 2021

When butterflies emerge from their chrysalis, they cannot yet fly. Their wings are small and wet, and they must pump fluids through their circulatory systems into their wings, which can then expand. But it's not time to fly yet! They have to dry off their wings and exercise their muscles before taking flight.

Like butterflies, we are just about emerging from the acute infectious period of this pandemic. It is a different life out there as a butterfly! There is still work to be done, especially taking care of our youngest and most vulnerable patients who are not yet eligible for vaccination.

For this issue, we are proud to feature the work being done by our members, starting off with a [member spotlight](#) on Susan Van Cleve, DNP, PNP-PC, PMHS, FAANP, FAAN. We also wanted to share the [achievements](#) of our members Yi Hui Liu, MD, MPH, FAAP; Jennifer Walton, MD, MPH, FAAP; and Anne DeBattista, PhD, CPNP-PC, PMHS. Next, Marie Clark, MD, MPH of the Early Childhood SIG offers a [focus on advocacy](#) – and watch for an entire issue on advocacy coming soon! For this issue, the [Practice Innovations](#) column shares how a Complex Care Network helps children with medical complexity, and presents mid-level assessment tools that can be used in telehealth visits.

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Finally, we wrap up this issue with a [creative submission](#) from René Bartos, MD, MPH.

As always, feel free to send us any feedback or newsworthy information to include as you see fit! We welcome submissions from all members and would love to hear from you! Questions about submissions can be sent to [alyssa.schlenz@childrenscolorado.org](mailto:alyssa.schlenz@childrenscolorado.org).

Thank you for reading and have a great summer!

### **SDBP Communications Committee**



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## **Member Spotlight**

### **Susan Van Cleve, DNP, PNP-PC, PMHS, FAANP, FAAN**

Submitted by **JENNIE OLSON, RN, MS, CPNP, PMHS**



Susan Van Cleve is a doctorally-prepared Pediatric Nurse Practitioner (PNP) who has extensive experience working with children and families in primary care settings as well as with children with disabilities. She is currently a Clinical Professor at the University of Iowa College of Nursing, where she is also a core faculty member in the Iowa LEND program. The emphasis in her teaching is on promoting the integration of mental and behavioral health care into primary care. Dr. Van Cleve is certified as a Pediatric Mental Health Specialist (PMHS) and has been involved with the development and implementation of the PMHS certification with the Pediatric Nursing Certification Board since 2009.

Dr. Van Cleve earned her BSN from the University of Pittsburgh, her MSN from Boston College, and her DNP from Robert Morris University. After completion of her DNP, she moved out of the hospital setting into a large primary care pediatric practice to develop a nurse practitioner driven mental and behavioral health practice. In this model, two part-time nurse practitioners provide comprehensive assessment and treatment to children and teens with developmental, behavioral, and mental health disorders from within the practice. This integrated model provides seamless care to children, teens, and families.

Dr. Van Cleve has held leadership positions in many local, state, and national nursing organizations, including President and co-founder of the Three Rivers National Association of Pediatric Nurse Practitioners (NAPNAP) Chapter in Pittsburgh, President of the Pediatric Nursing Certification Board, and President of NAPNAP. Her scholarly interests are focused on promoting the role of the PNP and PMHS to provide mental and behavioral health care in primary care settings.

## Member Achievements



**Yi Hui Liu, MD, MPH, FAAP**

and

**Jennifer Walton, MD, MPH, FAAP**

were elected to the AAP Section on Developmental & Behavioral Pediatrics (SODBP) Executive Committee.

**Anne DeBattista, PhD, CPNP-PC, PMHS**

was recognized with the Kelly Reed Advanced Practice Community Impact Award by the Pediatric Nursing Certification Board (PNCB).



***Have you or another SDBP member been recognized? Please let us know! We love to spotlight member achievements. Submissions can be sent***

***to [Alyssa.Schlenz@childrenscolorado.org](mailto:Alyssa.Schlenz@childrenscolorado.org).***

Early Childhood SIG  
**Advocacy Focus**

**MARIE A. CLARK, MD, MPH**



Just over a year into the COVID-19 pandemic, we have all marveled at the rapidity and success of vaccines in allowing many of us to embrace some parts of our old lives again. Those of us who are vaccinated are starting to meet in person again and think about traveling once more. However, young children are still not able to access vaccines, leaving some parents uncertain how to engage with the re-opening world around them safely.

As has been the case throughout the pandemic, young children and their parents continue to be adversely impacted, and there is little support available for them. Young children and their parents were under tremendous stress during the past year – stress that often highlighted where families have been stretched thin long before the pandemic. Challenges included finding child care for children of essential workers, manning virtual school for multiple children simultaneously, and fostering a developmentally nurturing environment in the absence of access to peers and playgrounds.

This stress of the pandemic has taken a toll on all of us: a systematic review of mental health consequences of the pandemic found that patients with preexisting psychiatric disorders reported a worsening of psychiatric symptoms, and the public at large reported lower psychological well-being and higher scores of anxiety and depression compared to before COVID-19.(1)

A study examining mental health emergency department (ED) visits in children found that the proportion of children's mental health-related visits among all pediatric ED visits increased and remained elevated from April to October 2020, correlating directly with the timing of the pandemic.(2) When compared with 2019 data, the proportion of mental health-related visits increased for children aged 5–11 years by 24%, and for children aged 12–17 years by 31%.

There is also evidence to show that the current negative impact on children's mental health may last far into the future. A systematic review on the mental health of children and adolescents found that social isolation and loneliness increased the risk of depression, and possibly anxiety, at the time at which loneliness was measured and between 0.25 and 9 years later.(3) Thus, the effects of this pandemic may be with us into the next decade.

The health care professionals who care for these children must band together to ensure that resources are available to support them and their families in the coming years. We must be vigilant to watch for signs of mental health impact on children. In young children, this might look like fussiness, difficulty sleeping, feeding issues, new or unusual separation anxiety, increased aggression, or tantrums. Older children may present with changes in mood, stepping back from relationships, loss of interest, and changes in appetite, sleep, memory, and appearance. Suicidality is the most concerning presentation. We must also educate parents about what signs to watch for and guide them to appropriate resources and treatment.

A problem so complex and pervasive as this deserves a systemic solution. This is an opportunity for us to advocate for funding for solutions to help stem the tide of the mental health ramifications of the pandemic. Improvements in the systems in which we provide mental health care to children are needed, such as increased funding for providers, continued use and expansion of telehealth services, and better care coordination. It is incumbent on us to draft letters and emails and utilize social media to call upon our legislators to direct both attention and funding to this issue.

The Children's Hospital Association has proposed legislation to strengthen children's mental health.(4) Their proposal involves three goals:

- Extending relief to the pediatric health care safety net damaged by the pandemic to improve mental health access for all children, including those facing significant health disparities, by increasing Medicaid funding for pediatric mental health services;
- Improving access to children's mental health services through more integrated and coordinated screening, care, and treatment to mitigate crises and ensure children's access to the "right care in the right place at the right time;" and
- Building new and different national capacity to address mental health throughout children's development with a greater focus on community-based workforce focused on prevention by funding expanded development of pediatric workforce, facilities, and technology.

We encourage you to consider advocating for children's mental health at this time. Undoubtedly, you have seen the ramifications in your own practice. It is important that your legislators hear your stories about the families you have seen impacted by the pandemic. These stories will help them to understand the magnitude of the issue and to begin to support these reforms, many of which were sorely needed prior to the pandemic. Only then, can young children and their parents look forward to a brighter future.

#### REFERENCES

1. Vindegaard, N., & Benros, M. E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, behavior, and immunity*, 89, 531-542.
2. Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental Health-Related Emergency Department Visits Among Children Aged < 18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020. *Morbidity and Mortality Weekly Report*, 69(45), 1675.
3. Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*.
4. Children's Hospital Associations. Children's Hospitals Lead Legislative Effort to Improve Pediatric Mental Health Services. May 5, 2021. <https://www.childrenshospitals.org/Newsroom/Childrens-Hospitals-Today/Articles/2021/05/Childrens-Hospitals-Lead-Legislative-Effort-to-Improve-Pediatric-Mental-Health-Services>



## Practice Innovations

### Supporting Children with Medical Complexity: the Complex Care Network



**JAN MCGONAGLE, MD, FAAP**

Children with medical complexity (CMC) are a subset of children and youth with special health care needs, most commonly defined as those with serious chronic conditions, substantial functional limitations, and increased health care needs. Although only 0.4% of US children are classified as CMC, they account for approximately one-third of national health expenditures, one-fourth of hospital stays, and 40% of all hospital deaths in pediatrics. Some challenges to

providing health care include that the diseases are often rare, medical involvement may vary over time, expertise regarding CMC tends to reside in urban areas (yet children in rural poverty are at significantly higher risk for poorer health outcomes), inadequate adult health literacy, and in New Hampshire, school funding that varies dramatically by region. The current model of health communication depends on parents to relay nuanced medical and developmental information to a variety of their child's community-based care team.

In 2016, Amoskeag Health, a Federally Funded Health Center, developed a health care model, the Complex Care Network (CCN), to facilitate the communication of medical and developmental information to individuals within a child's community. Expertise includes developmental-behavioral pediatrics, physical therapy, education, care coordination, and nursing. The goals of CCN are to (1) increase educational opportunities and collaboration for professionals working with CMC, (2) improve integration of medical and community services, (3) increase efficiency and distribution of medical expertise regarding CMC, and (4) develop a sustainable model that serves the maximum number of patients in a beneficial, family-centered manner.

The first tier of the CCN program provides workforce development via consultations and education. The second tier of care is via telehealth consultation with families and/or community providers regarding individual patients. The third tier of CCN care is via in-person appointments with a multidisciplinary team in the traditional medical model.

Patient referrals to CCN occur through established relationships with primary care, health care coordinators, schools, therapists, and families. The child's primary care physician and school team are notified of the referral and a request is made to collaborate. Once medical releases and records are obtained, the initial CCN team consultation occurs with the family and **community members of their choice** – most frequently with the child's school in order to optimize educational opportunity in context of the chronic illness. Given the nature of CMC, it is often necessary to teach pertinent information regarding the medical diagnoses and its impact on education and development. Utilization of virtual platforms has enabled more professionals to attend consultations, resulting in a more collaborative, holistic, and comprehensive approach. Once a consultation occurs, school teams frequently utilize CCN as an ongoing resource when medical or developmental concerns arise. Telehealth or clinical consultations can occur as a single visit or on a recurring basis. This enables the providers/educators who regularly work with the child to increase their medical knowledge regarding a specific child's medical situation and prioritize work accordingly.

Patients in CCN utilize various levels of services depending on the child's medical and educational status. Children with medical complexity benefit from communication between medical providers, families, schools, and other important people in their lives. We have been

pleased to discover that the program has been welcomed by families, school teams, and therapists throughout New Hampshire. The integration of medical and community services has led to increased collaboration across service providers. During the pandemic, CCN was well-positioned to provide information and support to families and professionals making difficult decisions. Hopefully, this lightened the burden of health communication and coordination for families during this challenging time.

*As illustrated by Zach Warren and colleagues' Tele-ASD-PEDS, the DBP world, like so many helping professions, rose heroically to the occasion to adapt to pandemic restrictions and serve our patients. Society members and their collaborators applied their creativity and dedication to the telehealth world as readily as brick and mortar clinical spaces. Through the Discussion Board, we had the opportunity to learn about our colleague Frances Page Glascoe's innovative assessment work, and we have the pleasure of featuring it below.*

## Efficient, Economic, and Versatile:

### Mid-Level Assessment Tools for Telehealth

**FRANCES PAGE GLASCOE, MS, EdS, PhD**

***Conflict of Interest Statement:*** *Dr. Frances Page Glascoe is the author of PEDS Tools and PEDS Online and receives royalties on their use.*

Quality tools are the backbone of every effective initiative and clinic, and authors of quality measures are unsung heroes in efforts at early detection. At the same time, it is enormously expensive and wasteful of precious professional resources to leap from screening test results to multi-disciplinary evaluations. An economical and efficient approach is to deploy Mid-Level Assessment tools (MLAs), especially at intake, for initial evaluation clinics and for progress monitoring/research outcomes studies. MLAs measure all domains of development including social-emotional/behavioral skills. Because MLAs provide a range of useful scores (e.g., age-equivalents, percentage of delay), such measures can facilitate enrollment in Part C or Head Start – even while families wait for diagnostic testing. Below, I describe two MLAs, the Developmental Profile-4 and my own PEDS: Developmental Milestones-Assessment Level:

#### **Developmental Profile-4 (DP-4)**

The *DP-4* measures development across five broad domains: *Physical* (fine and gross motor), *Adaptive Behavior*, *Social-Emotional*, *Cognitive* (including Academic skills), and

*Communication* (expressive, receptive, written and gestural). For each domain, a range of scores is provided (e.g., percentiles, age-equivalents, and growth scores for progress monitoring). For children birth to 22 years, the *DP-4* consists of 180-190 Yes/No questions and takes 20-40 minutes to complete. There are parent, teacher, and clinician versions. The Parent/Caregiver Checklist is administered by interview (which can be completed by telephone). An online application offers automated scoring and generates a report. The *DP-4* Parent/Caregiver Interview Online is offered in Spanish and English: <https://www.wpspublish.com>.

### **PEDS: Developmental Milestones – Assessment Level (PEDS:DM – AL)**

The *PEDS:DM – AL* can be completed by parents, or by professionals via interview or hands-on. There is a web-based application that includes a parent portal (parents can complete the measure at home but results are revealed only to clinics). The site also offers *Parents' Evaluation of Developmental Status (PEDS)* which captures verbatim concerns (including likely markers of disordered development, such as “uses 3 words at a time but only the same three words” – problematic but highly informative). The *M-CHAT-R* can also be completed. Missed items are shown and are useful for completing an in-person or telephone *Follow-Up Interview*. The online application includes scoring, and the resulting report includes recommendations for next steps, parents' comments on *PEDS*, performance on each item of the *PEDS:DM – AL*, and on the *M-CHAT-R*.

The *PEDS:DM – AL* online is available in English, Spanish, Chinese, and Arabic with many other digital translations available. A no-cost trial is available at <https://pedstestonline.com>. Donation license agreements are offered for unfunded research studies and in developing nations.

**Want to see your work or a colleague' featured in the next *Innovations* column? Please email requests and suggestions**

**to [Jason.Fogler@childrens.harvard.edu](mailto:Jason.Fogler@childrens.harvard.edu).**

**Trainee & Recent Graduate Section**  
**Creative Submission**



**RENÉ BARTOS, MD, MPH**

Developmental-Behavioral Pediatrics Fellow, Brown University



I witnessed struggles this last year, far beyond what I thought I would see in my lifetime. To keep my spirits up so that I could keep helping others, I turned to something I had always found a source of solace, hope, and healing – children's books. Reading is clearly an important protective factor in children's lives and I have always loved children's books. I had previously dabbled in writing, but during the pandemic I got serious about it as a creative outlet and way to meet new people while physically distancing from family and friends. I joined children's book writing clubs and author critique groups virtually and started writing picture books. Children's book authors come from a wide range of professions. Not surprisingly, many are teachers or retired teachers. And I learned some very important lessons from them that I hope will make me a better educator and doctor:

1. Show, don't tell. Show your story through descriptive words and creativity. Don't tell people what to think or feel.
2. Be true to yourself and your story, while keeping your audience's perspective in mind.
3. Be spare with your words. In picture book writing, every word counts! (maybe this will help me write shorter notes?)
4. Positive comments before critique – always!
5. Do not get defensive about feedback. Just listen and absorb.
6. Be persistent and patient. Stop trying to rush. Reflect and be open-minded. Draft, let your work sit for a while, and pick it back up again to revise with fresh eyes.
7. We need diverse books! Children need to see themselves in books and see characters who have experienced what they experience. They need to see these early in life. I am so happy to see more BIPOC authors and diversity in children's books in recent years.

So, with all I had learned in mind, when Dr. Yatchmink gave me her materials on Lev Vygotsky to develop a presentation for our Friday fellow conference, I thought about how I could make it fun. All of us learn in different ways and we all need a little humor in our lives. I am a very visual learner and I learn better if I do something creative to help me remember, such as putting key points into a song or poem. I am also not very good at taking tests. I don't know about the rest of you, but I cannot seem to keep all of these names and theories straight. So, I wrote this poem about Vygotsky, hoping it might help me remember key points. Structurally, I am sure my author critique partners would have some suggested edits to this...but it served its purpose. It made us laugh, was fun, and helped us bond over our collective experience struggling to remember names of influential developmental figures and theories. I am certain that there are many creative things going on in the DBP world. I would love to see what others have come up with to inspire FUN in DBP education. Any other poems or stories out there?

# Vygotsky Poem

by René Bartos

Vygotsky Vygotsky

What an interesting guy

Your theories of development

Help us understand *why*

What helps children learn?

For knowledge you did yearn

Leading discussions and debates to no end

The “Little Professor” you were dubbed by friends

You read Gesell, Werner, and Piaget

Then created a theory of your own one day

Nature vs. nurture, forces outer vs. inner

The debate raged on about which was the winner

To sociocultural theory you did ascribe

Interactions are key to helping children grow and thrive

Elementary functions you said were key:

Attention, Sensation, Perception, Memory

Piaget thought we learn in predictable stages

You thought this too simple as experience shapes us

The zone of proximal development was your thing

Emphasizing the importance opportunity can bring

The “More Knowledgeable Other” is a guide

To the potential cognitive development inside

Scaffolds between “cannot” and “can do”

Help us stretch and grow our bodies and minds too

You saw language as an accelerator

The ultimate brain-maker

We first learn to talk to others to navigate our world

Later internal dialogue and complex thoughts unfurl

Your theories inspiring but unfinished, your life cut short

Driven with passion to complete your work, to a furious pace you did resort

At age 38, alas, tuberculosis sealed your fate

Your legacy lives on as one of the most influential developmentalists to date



# Annual Meeting Update

[We are planning for an in-person meeting this year in Austin, TX.](#) There will be some offerings for those who will be unable to attend in-person – we do not yet at this time have a full picture of what that will be, so stay tuned for more announcements!

This year's Lectureship Award winner and keynote speaker will be [Dr. Nia Heard-Garris](#), whose work has focused on the intersection between racism and health/development outcomes for children.

We have a great slate of 9 pre-meeting workshops with a few that specifically focus on DEI and Advocacy issues, including:

- *The Kids Are Not All Right: Advocating for Equitable Outcomes Post-COVID Using a Medical-Legal-Educational Advocacy Toolkit*
- *Race: A Recent Human Invention – Reconstructing Race from a Biological to a Social Construct*
- *ACES Aware: A Clinical Toolkit to Mitigate the Impact of Adverse Childhood Experiences, Toxic Stress, and Immigration Trauma in the DBP Setting*
- *Working with Youth of Color Experiencing Mood Disorders and Suicide Risk: Knowledge Update and Best Practices*

We hope to see you there!

*More information will be available soon on the SDBP meeting website page - including a full list of workshops and descriptions/ schedule-at-a-glance/ fees; and hotel reservation link. Registration will open in early July.*



Feedback, questions, and submissions can be sent to

**Alyssa Schlenz** [alyssa.schlenz@childrenscolorado.org](mailto:alyssa.schlenz@childrenscolorado.org).

Congratulations to our co-editor **Shruti Mittal** on the arrival of her baby!



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